

<b>REFERENCE REQUEST - FEDERAL RECORDS CENTERS</b>		<b>NOTE: Use a separate form for each request.</b>	
<b>SECTION 1 - TO BE COMPLETED BY REQUESTING AGENCY</b>			
ACCESSION NO.	AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER	
	OF		
DESCRIPTION OF RECORDS(S) OR INFORMATION REQUESTED			
<input type="checkbox"/> BOX			
<input type="checkbox"/> FOLDER <i>(Include file number and title)</i>			
REMARKS			
NATURE OF SERVICE <input type="checkbox"/> FURNISH COPY OF RECORD(S) ONLY <input type="checkbox"/> PERMANENT WITHDRAWAL <input type="checkbox"/> TEMPORARY LOAN OF RECORD(S) <input type="checkbox"/> REVIEW <input type="checkbox"/> OTHER <i>(Specify)</i> _____			
<b>SECTION II - FOR USE BY RECORDS CENTER</b>			
<input type="checkbox"/> RECORDS NOT IN CENTER CUSTODY <input type="checkbox"/> RECORDS DESTROYED  <input type="checkbox"/> WRONG ACCESSION NUMBER - PLEASE RECHECK  <input type="checkbox"/> WRONG BOX NUMBER - PLEASE RECHECK  <input type="checkbox"/> WRONG CENTER LOCATION - PLEASE RECHECK  <input type="checkbox"/> ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED  <input type="checkbox"/> MISSING <i>(Neither record(s), information nor charge card found in container(s) specified)</i>  <input type="checkbox"/> RECORDS PREVIOUSLY CHARGED OUT TO <i>(Name, agency and date)</i>		REMARKS	
		DATE	SERVICE
		TIME REQUIRED	SEARCHER'S INITIALS
<b>SECTION III - TO BE COMPLETED BY REQUESTING AGENCY</b>			
NAME OF REQUESTER	TELEPHONE NO. <input type="checkbox"/> FTS	DATE	<b>RECEIPT OF RECORDS</b>
NAME AND ADDRESS OF AGENCY  <i>(Include street address, building, room no. and ZIP Code)</i>			Requester please sign, date and return this form, for file item(s) listed above, <i>ONLY</i> if the block to right has been checked by the Records Center. <input type="checkbox"/>  SIGNATURE _____ DATE _____